Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 3 September 2015

Subject: Proposals for Redesigning Trust's Later Life Mental Health Services

Report of: Manchester Mental Health and Social Care Trust

Summary

The proposed redesign of services will improve the Later Life Mental Health Services provided by the Trust and deliver more equitable services across the City. Consideration of clinical evidence, best practice, National Institute of Health and Care Excellence guidance and local developments including Living Longer, Living Better and Mental Health Improvement Programme have been taken into account in developing and shaping these proposals.

The proposed redesign will increase the number of clinical staff working in these services as well as creating new dementia support advisor roles. Even with these increases in staffing, the Later Life Leadership Team will be able to deliver the financial and efficiency savings as part of the Trust's savings plan for 2015/16. There are no staff redundancies as a result of this plan.

The Trust has received financial support from Manchester Clinical Commissioning Groups to manage bed usage which includes Later Life Services. To date, some of this money has been used to fund two social worker posts for the two Later Life inpatient wards. The post holders' roles are to focus on discharge planning, identifying move on placements, securing care packages for service users and reducing length of stay. Stakeholders will be able to consider the ideas for the remaining balance of funding that have been suggested to the Trust during its engagement events and to propose alternative ideas as part of the public consultation process.

The implementation of any Later Life Service redesign:-

- Will be subject to the outcome of the public consultation which will commence in the next week for an 8-week period;
- Can only commence after the undertaking of the staff consultation process which is planned for late December 2015.

Recommendations

The Committee is asked to:

- Note the contents of this report
- Consider, comment and support the proposed changes
- Note the Trust's approach to undertake a public consultation process and to provide any suggestions on the Trust's approach.

Wards Affected: All

Contact Officers:

Name: Alison Marriott
Position: Acting Associate Director – Later Life Services / Clinical Director Psychological Services
Telephone: 0161 882 2093
Email: alison.marriott@mhsc.nhs.uk

Name: Carol Harris
Position: Acting Director of Operations
Telephone: 0161 882 1059
Email: carol.harris@mhsc.nhs.uk

Name: Maeve Boyle
Position: Strategic Programmes Manager
Telephone: 0161 882 1384
Email: maeve.boyle@mhsc.nhs.uk

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Later Life Proposals - Manchester Health and Social Care Trust Board Paper – 27 August 2015

1.0 Introduction

1.1 This document is intended to:

- Apprise the Health Scrutiny Committee of the proposed changes to Later Life (also known as Older Adults) Mental Health Services provided by Manchester Mental Health and Social Care Trust (the Trust);
- Ask the Health Scrutiny Committee to consider, comment and support the proposed changes;
- Note the Trust's approach to undertake a public consultation process in order to seek wider views regarding the proposed changes.

1.2 The proposals, which support the place based care model being designed as part of the Living Longer, Living Better programme for Manchester, have a strong emphasis on integrated care and partnership working; evidence based interventions, national and local reviews of good practice and the views of service users and carers, key partners and Trust staff.

1.3 The primary reason for the proposed redesign relates to further improving the quality of services and promoting equity of community services throughout the City. The Trust believes that these changes will result in positive benefits for service users and carers as well as staff. In addition, the proposed service redesign takes account of the recent ward changes for Later Life services and the required contribution to the Trust's Cost Improvement Plan (savings) for 2015/16.

1.4 The overall aims in redesigning the existing services are:

- To provide increased support to General Practice;
- To enhance community mental health based provision;
- To support those who have significant or complex mental health needs;
- To support people at home as an alternative to inpatient admission and their carers;
- For those who do require support as an inpatient, to have a shorter stay in hospital;
- To achieve the financial saving targets that have been identified for Later Life services.

1.5 Within these proposals, there are no planned staff redundancies. There will be some changes to staff skill mix and where this arises, there will be redeployment opportunities as well as pay protection for the small number of staff who might be affected.

1.6 In summary, the proposals are:

- To redesign the Community Mental Health Teams (CMHTs) to be based in North, South and Central Manchester localities, which will be coterminous with Clinical Commissioning Group boundaries, with teams resourced to meet the mental health needs of people;
- To align and integrate a number of the service components with the work of the CMHTs, for example, outpatients, memory assessments and Admiral Nurses;

- To create a Citywide Therapy Centre to include Rapid Assessment and Intensive Home Support thus resulting in the prevention of avoidable hospital admissions and support early discharge from hospital back home;

1.7 Further information regarding the redesign proposals is provided in section 5.0 Proposed Model of Later Life Community Mental Health Services.

2.0 Background - Rationale for Change

2.1 Later Life Mental Health Services in the Trust have not been significantly redesigned in recent years. Whilst there are many positive examples of good practice within the services, there is variation in service delivery and resources are not equitably distributed in accordance with mental health needs across the city.

2.2 There are a range of national and local policies with a particular focus on Later Life Services and the key documents that have informed the proposals are listed in Appendix 1.

2.3 The new service model is informed by analysis of the population of older people in Manchester and the prevalence of Dementia. Older people will form a significantly larger proportion of the population by 2035, when the number of people aged 85 years and over is projected to be almost two and a half times higher than in 2010, and the population aged 65 and over will account for 23% of the total population (Office for National Statistics, population ageing in the United Kingdom, it's constituent countries and the European Union (2012)). Any Later Life service model needs to be mindful of projected population changes and to relate these to the needs of the local population. For example, deprivation and other socio-economic factors in Manchester have a large effect on the pattern of prevalence of dementia syndromes, isolation of older people and the likely numbers of people who might require a service. There is a growing demand for Memory Assessment Services and support for those who care for people with Dementia.

2.4 The views, needs and aspirations described by service users and carers/ families are key to driving the proposed service redesign and are described in more detail later in this document. As an example, partner organisations including Age Concern and the Alzheimer's Society have indicated that there is a need for more care outside of hospital including greater access to carer's support in times of crisis and extended working hours.

2.5 The proposed service model takes account of the redefined social care offer as a result of the new Care Act and interdependencies with Manchester City Council plans. The new Act sets a new 'national eligibility' threshold for access to social care funding / services and the full impact on Later Life mental health provision in Manchester is at present unclear. In addition to already delegated work as part of the Section 75 agreement with Manchester City Council, additional new requirements have fallen to the Trust. These include assessment under Best Interest for Deprivation of Liberty Safeguards and assessment of new and existing cases

classed as 'domestic settings' that have arisen since the recent Supreme Court ruling[1] (known as Cheshire West / Surrey).

2.6 Ensuring that the needs of people with dementia are met in the most appropriate setting are recognised in the context of Living Longer Living Better (LLLB) and the Health and Wellbeing Strategy. Proposals reflect the benefits to people with dementia of providing a service which meets their medical and nursing needs in community settings as much as possible by working in conjunction with other partners.

2.7 During 2014/15 the Trust reviewed the distribution of the later life population across Manchester and identified that resources within the Later Life Community Mental Health Teams are not distributed in a way that corresponds to expected need.

2.8 As part of considering the redesign of Later Life Services, the Later Life Leadership Team in conjunction with the Trust's Transformation Programme Board[2] did consider the issue of stand-alone Later Life services very seriously and with reference to other services/other evidence, for example, combined mental health services for adults of working age and older adults. Many mental health services which became 'ageless services' in other parts of the country are now returning to have specialist later life services as the experience has been that ageless services can reduce the access of older people to mental health services and hence deliver less equitable care. This view has also been expressed in a recent statement by the Chief Medical Officer.

2.9 The proposed services within the redesign are therefore predominantly specialist mental health services for older people. However, they will also be based on need; for example, the service will undertake dementia assessment and interventions for younger people with dementia and their carers. Mental health primary care services within the Trust do deliver services across the age range as an 'ageless service' and the Later Life service is committed to working with primary care to improve access for older people to this service, and to ensure integrated protocols operate across all aspects of care.

3.0 The Financial Context

3.1 The redesign of Later Life Community Mental Health Services will release financial savings of £400k as a result of the proposed redesign, mainly achieved through service management efficiencies, flexibility arising from existing staff vacancies and skill mix changes. Management changes have also been progressed as part of the Trust's Mutually Agreed Resignation Scheme (MARS) and this has enabled the service to reduce the number of senior management posts within Later Life services.

[1] On 19 March 2014, the Supreme Court handed down its judgment in the case of "P v Cheshire West and Chester Council and another" and "P and Q v Surrey County Council". The full judgment can be found on the Supreme Court's website at the following link: http://supremecourt.uk/decided-cases/docs/UKSC_2012_0068_Judgment.pdf

[2] A formal sub-committee of the Trust Board which comprises clinical leads, heads of professions and senior managers.

3.2 The Later Life Inpatient service changes have already enabled the Trust to increase the number of registered nurses and support workers on the wards as well as establishing two new social worker posts thus reducing the need to use temporary staff.

3.3 The additional redesign proposed for Later Life Mental Health services will result in:

- Increasing the number of registered nurses working in the community services by approximately 6.0wte staff;
- Introducing skill mix and other changes to roles within the teams;
- Enabling Community Mental Health Teams (CMHTs) to deliver services more equitably across the city;
- Embedding the team's focus to be aligned and integral to the LLLB – One Team 'Place based model' of care;
- Establishing 3 new dementia support advisors with one post within each locality who will support the needs of people with dementia and their carers after diagnosis;
- Redesigning Day Services to incorporate a wider range of therapies for service users;
- Developing a new intensive support service based at Victoria Day Centre as an extended offer to complement the existing home treatment services in order to reduce hospital admissions and to enable shorter hospital stay.

3.4 The redesign will therefore increase rather than reduce the number of clinical staff working across Later Life Mental Health Services overall.

4.0 Reconfiguration of Inpatient Services

4.1 Although the Later Life Services had 60 inpatient beds (until 1st April 2015) available across three wards (North Manchester – Cedar ward – 20 male beds, Maple – 20 female beds and South Manchester – 20 male/female beds taking account of same sex accommodation guidance[3]), the Service had for some time been running with under utilisation on these wards hence a decision was made to use the beds for younger people with mental health needs miminising the number of people placed in out-of-area beds. During 2014, 15 beds were utilised by younger people with mental health needs, meaning that 45 beds were available for older people. Prior to this, the Trust undertook an exercise to consider the number of later life beds that it may require and it was identified that the Trust had a larger number of Later Life beds than was required for its population needs.

4.2 However, the mixture of older and younger people on the three wards was not an effective way of delivering the services to best meet the needs of either age group. In February and March 2015, the Later Life Senior Operational and Clinical Leadership Team reviewed the patient safety and staffing pressures in Later Life Inpatient Areas. This was with particular reference to the patient acuity[4] on Cedar

[3] Same-sex accommodation means patients and service users share sleeping accommodation, bathroom and toilet facilities only with people of the same-sex. It applies to all areas of hospitals and mental health units

[4] Patient acuity refers to the patient's medical condition. A higher acuity would indicate a more serious medical condition or likelihood of deterioration that would require more nursing input and at a higher

Ward resulting from the different needs of the Later Life and Adults of Working Age service users on the ward and subsequent problems in attracting staff to work in this environment. Providing safe and effective staffing resources to Maple Ward had also presented a problem and, although some short term measures had been put in place, a longer term solution was essential.

4.3 The Trust's Executive Team including the Chief Nurse and the Medical Director approved changes to the Later Life Service Plan to address these concerns and release a Later Life ward, primarily to provide a safe environment in which to provide effective care, but also contributed to part of the Operations Directorate Cost Improvement Plan for 2015/16. The decision was therefore taken to focus Later Life admissions within two wards, (Maple and Cavendish), although younger people with dementia who are under the care of Later Life services will continue to be admitted to the two wards as this will best meet their clinical needs.

4.4 Following the Board decision in March 2015, the Trust has reorganised its Later Life Inpatient beds onto two wards: Maple Ward at the North Manchester General Hospital site for women and Cavendish ward for men and women at Wythenshawe Hospital, South Manchester with effect from April 2015 onwards.

4.5 The Trust will be continuing its work to improve the services offered by the two remaining Later Life wards with an increased emphasis on recovery, evidence based intervention and supported discharge. With the allocated funding from Manchester Clinical Commissioning Groups (CCGs), there has been investment made in two social worker posts, one per inpatient ward. These post holders will focus on discharge planning, identifying 'move on' placements, securing care packages for service users and reducing length of stay.

4.6 Since the Board decision was taken, there have been 6 separate occasions during the period: 1st May to 17th June 2015 where a bed was not available in the Trust so Later Life patients were admitted to beds outside the Trust; 5 people were admitted to other NHS beds in close proximity to the Trust, e.g. Bolton or Tameside and 1 person to a private bed in Harrogate.

4.7 It is recognised that this position of admitting service users into non-Trust beds is far from ideal. The contributing factors are a) bed changes implemented prior to full implementation of proposed community redesign and b) delayed discharges (5 currently) on the 2 Later Life wards.

4.8 Since 18th June 2015, no Later Life Service patient has been admitted to another NHS or out-of-area bed. For those who had been admitted into a non-Trust bed, the Later Life Team have had ongoing conversations and liaison with families, carers and the non-Trust clinical teams to ensure that any concerns and/or issues as a result of a service user being admitted to a non-Trust bed could be addressed and minimised.

skill level. Two patients of the same acuity, however, may still require different levels of nursing input according to factors such as their condition, mobility and mental capacity – Extract from Measuring nursing dependency: background information for costing professionals, March 2014

4.9 The Trust believes that the redesign of community based services, establishment of an intensive home support team and reduced length of stay will ensure the above bed base provides sufficient capacity for any potential hospital admissions when required. With the design of Cavendish Ward as a mixed gender ward, this provides flexibility with the male/female split whilst still meeting the "same sex accommodation" guidance.

4.10 The Later Life Team will be commencing their work to achieve AIMS[5] for the 2 Later Life wards to support the delivery of high quality inpatient services to the expected and required standards (as set out within the AIMS).

4.11 In light of Trust Board's decision to reconfigure Later Life Inpatient Services in March 2015, the changes that have been made to inpatient services will only be described in the public consultation as part of setting the context. It is not anticipated that this aspect will be subject to public consultation whilst acknowledging that the ideal position would have been to consult if the acceleration of the decision for safety reasons had not been required.

5.0 Proposed Future Model of Later Life Community Mental Health Services

5.1 The future model of Later Life Mental Health Services is underpinned by the following set of principles as much as possible:

- Community services will be provided as close to home as possible
- Services will promote and recognise the role of service users and carers
- Services will be person centred underpinned by the principles of compassion, courage, communication, competence, care and commitment -– referred to as the 6 Cs[6]
- Choice will be a key element in service delivery and will include opportunities to receive both individual and/or group therapies
- Services will provide access to promote social inclusion and independence
- Specialist services will work in partnership with primary care supporting people with mental health problems
- Services will be provided on an age appropriate basis ensuring the same standard of care as services for younger people
- Services will be delivered according to service users' needs and provided in a seamless way to ensure greater coordination
- Services will be affordable within budgeted resources.

5.2 Delivery of future services will be designed around a model of care (as shown in Figure 1 on the next page) which supports people in the community, in their familiar environment, providing a more responsive and equitable access to assessment and intervention, with the development of short term intensive home based support to prevent avoidable hospital admissions. This model will be underpinned by the development of clear protocols and associated care packages which incorporate evidence based practice, National Institute of Clinical Excellence (NICE) guidance and support primary care.

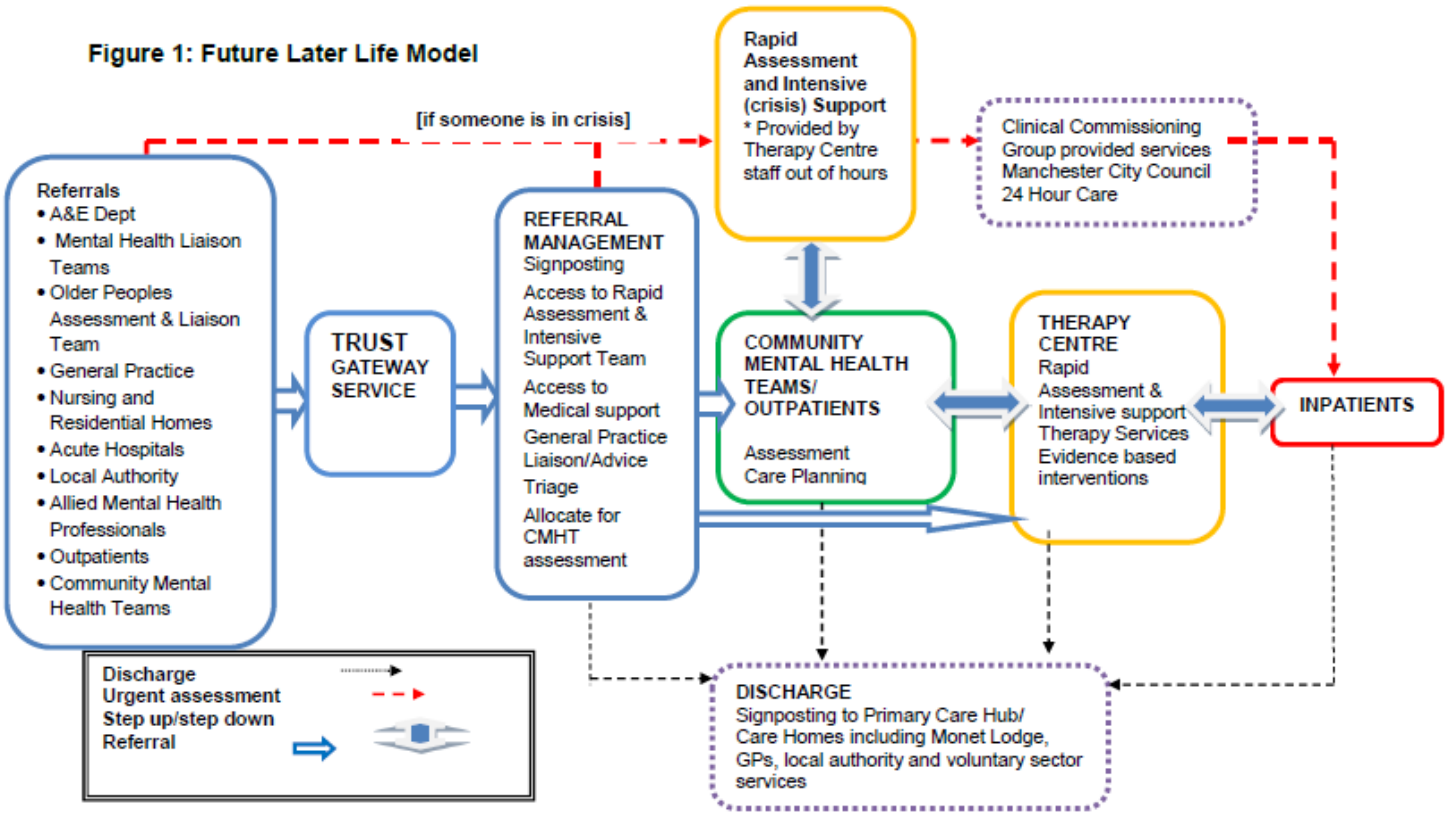
[5] AIMS – Accreditation for Inpatient Mental Health Services (AIMS) by Royal College of Psychiatrists

[6] The 6Cs are defined within NHS England's Compassion in Practice Nursing, Midwifery and Care Staff : Our Vision and Strategy, December 2012

5.3 The individual core service elements of the Later Life Service Design are:

- Redesign of Community Mental Health Teams – CMHTs
- Alignment of Psychiatrist Outpatients with CMHTs
- Memory Assessment and Dementia Intervention
- Young Onset Dementia Service
- Admiral Nursing Service
- Creation of a Citywide Therapy Centre
- Creation of an intensive support function within the Day Therapy Services.

Figure 1: Future Later Life Model



5.4 A brief outline is given for each of these components to describe how the current service operates and how this will look different in the future.

Redesign of Community Mental Health Services – CMHTs

Current	Future
There are currently six CMHTs two of which are based in each of north, central and south Manchester localities. The community mental health teams are multidisciplinary and deliver a range of mental health assessments including risk assessment; interventions and care coordination. At the present time the teams are not equitably resourced with respect to the mental health needs of older people in Manchester and there is variation in workloads and practice within these teams.	Future CMHTs will be provided by 3 locality teams which will be coterminous with CCG boundaries and with the three localities approach within Place Based models of care, as described within LLLB. The CMHTs will be an integral part of the shared assessment process and single care planning especially for those with more complex needs. The teams will be resourced to meet the needs of people with the additional registered nurse posts and variation in practice will be minimised. The teams will continue to develop stronger links to General Practice in the form of a named lead Community Psychiatric Nurse and Consultant Psychiatrist. Increased support to Primary Care will include the provision of an advice and liaison function for referrers. We anticipate greater provision of services in the community ensuring increased accessibility for both referrers and service users. There will be no difference for service users in terms of being visited at home or at other venues depending on service user's choice. Increase in the CMHT staffing numbers including the new dementia support advisor roles. Skill mix of the CMHTs will enable higher level of supervision resources by the deputy team manager and specialist nurse in each CMHT.

Alignment of Psychiatric Outpatients with CMHTs

Current	Future
Outpatient clinics are currently largely a 'standalone' service delivered by doctors. Some contacts are delivered via home visits and some within hospital outpatient settings. There is currently variability in the numbers of service users on the caseloads within each locality. There is some duplication of work which is an inefficient use of resources.	Future outpatient services will be more closely aligned with the work of CMHTs and it is planned to deliver a greater number of these clinics in community based locations (for example, neighbourhood hub bases) that provide other services and/or are more accessible to service users. By supporting service users in other ways, for example specialist nurse led community clinics and via further development of nurse prescribing roles, medical out-patient time will be freed up for other front line work and using this expertise in a more effective way.

Memory Assessment and Dementia Intervention

Current	Future
Memory assessment is undertaken for those people referred with a possible dementia diagnosis, including people who are below 65 years of age. The service is currently not equitably distributed across the City and operates differently in each of the three localities. In South Manchester there is a separate memory clinic service which is delivered by staff members who are <u>not</u> part of the CMHT. In North and Central Manchester the CMHT nursing staff undertake first line memory assessment working alongside psychiatric and psychological staff. In North Manchester the memory service is an accredited service with the Royal College of Psychiatrists. Different processes also operate with respect to post diagnostic services. There is also variation in waiting times from referral to assessment and diagnosis.	Memory assessment and intervention services will be delivered more in line with the Trust's stepped care model with initial screening carried out in primary care by GPs with support from Trust services. Further assessment will be undertaken by CMHT staff including nurses trained specifically in memory assessment, supported by expertise from Psychiatrists and Clinical Psychologists. For service users who have particularly complex needs requiring specialist assessment this will be delivered by a 'virtual' specialist citywide team who are aligned to the CMHTs. Time from referral to diagnosis will be standardised and improved across the city which will be in line with the Prime Minister's challenge to shorten times to diagnosis. Support will be provided to General Practitioners in a way which is consistent across the City. Dementia support advisor roles will provide service users and carers with support from referral through assessment and post diagnosis. An evaluation project in partnership with the City Council and University of Manchester in 2013/14 demonstrated the benefits of having these roles

	in place.

Young Onset Dementia Service (YODS)

Current	Future
This service offers a day service for younger people with dementia and is staffed by nurses, a social worker and support workers. Time-limited support may also be given at home by a specialist nurse and support worker, who gives practical help and advice on health and benefits issues, planning for the future and assistance with care packages. However, although the service offers a comprehensive service to a limited number of younger people with dementia (20 approx.), there are a significant number of younger people with dementia (80 approx.) without a service currently. The service was recently awarded monies from the Department of Health to create a healing garden environment for service users, based at Victoria Park Day service. There are close links with voluntary sector groups in Manchester such as the Manchester Library Theatre Group.	The memory assessments function will be incorporated into the CMHTs. The service changes will enable the CMHTs to assess and diagnose a larger number of younger people with dementia and to offer a wider range of services via the CMHT, including dementia support advisors (see Memory Assessment and Dementia Intervention description). There will be retention of the YODS staff's expertise as an important and invaluable service component. A higher number of younger people with dementia will be able to attend sessions provided by the therapy service at the Victoria Centre and will benefit by being able to access a wider range of evidenced based therapies than is currently the case. There will continue to be access for service users to the healing garden environment with potential for this access to increase. These positive changes will introduce service management efficiencies.

Admiral Nursing Service

Current	Future
The Admiral Nursing Service operates across the city with a nurse attached to each of the localities and is co-located alongside the CMHTs. The Admiral Nurses work alongside the teams and other services in later life providing education, support and time limited interventions to carers of people with a diagnosis of dementia. Admiral Nurses currently coordinate	This service will be integrated into the CMHTs with retention of the staff's expertise as an important and invaluable service component. This will enable the services provided by the three Admiral Nurses to carers of people with dementia to be more closely aligned to other dementia services provided by the CMHTs for people with dementia themselves thus resulting in a more coordinated support to both service users and carers.

Current	Future
post diagnostic support groups across the city. There is variation in referral rates across the city.	It will also enable close working between the Admiral Nurses and Dementia support advisors. It will also enable alignment with the three locality Place based model. Carers of people with dementia will continue to receive post-diagnostic support and there will be greater use of Cognitive Behavioural Therapy and other evidence based interventions for carers. This work was developed and published in Manchester by Alison Marriott and Professor Alistair Burns[7] and has now been put into practice at a national and international level. These changes will enable financial efficiencies to be delivered via service management changes.

Creation of a Citywide Therapy Centre to include Rapid Assessment and Intensive Home Support

Current	Future
The Later Life Day service supports people with functional[8] mental health illness and are not accessed by people with dementia. They provide assessment and treatment including home based outreach. Services previously operated out of two localities until recently when a fire occurred at the base in South Manchester. This resulted in all Day services resources operating from Victoria Park Centre. The Day Services have therefore experienced a challenging time and two services which operated differently are now co-located.	The existing day service will be redesigned with a move away from traditional day care where there is a mix of social and therapeutic activities and an increased emphasis on step up/step down care, supporting people closer to home and provision of evidence based interventions. The service will support those with Dementia as well as those with other secondary care mental health needs. Services will be nurse led with input from a range of multidisciplinary professionals. A range of group based evidence based interventions will be provided from the current base at Victoria Park with other services

[7] Prof Alistair Burns has held the position of National Clinical Director for Dementia, NHS England.

[8] Organic **mental** illness – this type of illness is usually caused by disease affecting the brain. Dementia such as Alzheimer's disease is an example of organic illnesses. **Functional mental** illness - this type of illness has a predominantly psychological cause, for example, depression or severe anxiety.

However this situation also provided the opportunity to begin to harmonise and update ways of working. A number of nursing staff have been trained to deliver CBT[9] based group therapies for service users and these are now being provided to the people who attend for group sessions. Discussions have taken place about developing a more intensive support step up/down service from the Victoria Park Centre and a pilot has commenced.	provided more locally in each locality as a 'hub and spoke' model. Some interventions will be provided in the service user's own home. Nursing staff have already been trained to deliver CBT based group interventions collaboratively with Psychological services from the Victoria Park Day service base and this work will be consolidated and developed. A range of evidence based dementia interventions will also be provided. Provision of rapid assessment and intensive home based support which does not currently exist will be a core element of the citywide Therapy Centre thus resulting in prevention of avoidable admissions and support early discharge from hospital back home.

6.0 Links to other Services and Service Gaps

6.1 Later Life services link to specialist services such as Learning Disability Services, where there is an agreed protocol for memory assessment. Older service users with mental illness are able to access Trust's Mental Health Home Treatment Services where appropriate to their needs on a case by case basis.

6.2 There are currently gaps in a number of areas including liaison services for older people who are within the Acute Hospitals (for example, only one mental health nurse in Central Manchester), intermediate care, intensive home based support, respite services and services to support people with mental health needs and behaviours which challenge within residential and nursing homes.

6.3 In addition, Manchester City Council is operating revised arrangements of having 6 places per locality at present on a pilot basis with respect to the number of older people who can be placed in residential and nursing homes in Manchester each month and there can be, on occasions, significant pressures with respect to providing care packages for older people requiring this support in the community. This can cause pressure for the Trust in the form of delayed discharges. Four of the five current delayed discharges are, in effect, as a result of the pilot arrangements. Manchester City Council and the Trust are proactively working together to consider how to minimise the impact of this pilot and the resulting delayed discharges.

7.0 Service Users' Perceptions of Proposed Changes – Early Indication

7.1 A number of service users, carers and other representatives have contributed to the engagement events and been involved in the ongoing discussions regarding the proposals at the Trust's Service User and Carer Forum meetings.

[9] Cognitive behavioural therapy (CBT) is a talking therapy that can help you manage your problems by changing the way you think and behave.

7.2 The majority of service users and carers, they have been very positive about the proposed service changes. However, it has been identified that some existing service users who are being supported by Young Onset Dementia Service (YODS) and Admiral Nurses may perceive these proposals as disadvantaging them as outlined below. The Trust has already started to consider how best to mitigate this.

7.3 The incorporation of the Admiral Nurses into the CMHTs will not result in any loss of existing service and the main change is that the service will be managed in a different way. As mentioned above, the main benefit of this change will result in all staff supporting servicer users with dementia and their carers will be more closely aligned together.

7.4 For a very small number of service users of the YODS, the main change will be putting in place identified and agreed 'move-on' plans, with appropriate support, whilst going through the change. This is for service users who no longer have clinical needs which require specialist mental services provided by YODS.

7.5 Two case scenarios have been included as Appendix 2 to explain what happens now and what would happen in the future. Both of these scenarios are based on a combination of different aspects of referrals to the service.

8.0 What do these proposals mean in reality?

Expected benefits

8.1 The key benefits expected to be realised during year 1 of implementing the changes include:

- Increased equitable access to services and a consistent approach to service delivery across the city
- An increase in the number of service users supported by community based services as an alternative to admission
- Shorter length of stay for those who require an episode of inpatient care
- Increased support to General Practice through the development of liaison links in the form of a named lead nurse and psychiatrist
- Increased support to carers through the redesign of support workers roles in the CMHT
- Greater efficiency in use of existing resources and delivery of contribution to the Trust's CIP through staffing efficiencies
- Commencement of work towards achieving accreditation of the citywide memory service.

8.2 The achievement and realisation of benefits for Later Life Services will be monitored and assessed against agreed Critical to Quality measures and some of the key ones are:

- Quality of care – workers with the right skills, better range of therapies and interventions offered, working towards achievement of AIMS accreditation for inpatient wards;
- Safe Care – people working in systems which make it easier to put safe care first, meeting our legal and statutory requirements;

- Efficient Care – access to services is timely, flexible and responsive according to need and equitable across the City, model of care that matches capacity to demand and responds to expected changes;
- Effective Care – meets NICE and other clinical guidance, demonstrates positive outcomes for service users, recovery focused.

Linkage with Living Longer, Living Better (LLLB) – Place Based Care

8.3 The premise of the proposed redesign of Later Life services is on a locality and/or citywide footprint which is consistent with the thinking of the LLLB Place Based Care with services operating at citywide, locality and/or neighbourhood hub level.

8.4 The following table summarises the Later Life service components as per Place Based Care model:

Service Component	**Place Based Care Model Focus**
Redesign of Community Mental Health Services – CMHTs	Locality
Alignment of Outpatients with CMHTs	Locality
Young Onset Dementia Service	Locality (via CMHTs) and Citywide (via citywide therapy centre)
Admiral Nursing Service	Locality (via CMHTs)
Memory Assessment and Dementia Intervention	Locality (via CMHTs) and Citywide (via specialist assessment service)
Creation of a Citywide Therapy Centre.	Citywide
Intensive Support Service	Citywide

8.5 It is envisaged that the CMHTs will interface with the 4 neighbourhood hubs within each locality and continue to strengthen their links and working relationships with the neighbourhood teams and GP practices.

8.6 The Later Life Service Redesign Proposals focus on supporting people with dementia, people who present with psychosis and people who may present with a wide range of other non-psychotic conditions including severe depression and severe anxiety which take account of the Mental Health Improvement Programme.

9. Public Consultation Process

Public consultation – aspects and documents

9.1 As part of the public consultation, consultees will be asked for their views and comments on:

- Name of the service
- Remaining investment of the monies from Commissioners (£220k approx) in terms of potential ideas, for example, more dementia support advisors (in addition to the new 3 posts already planned), provide training for doctors and practice nurses or developing more links with the voluntary sector as well as their own idea(s).

9.2 Consultees will also be asked whether they support the following:

- Re-shaping of outpatient services with development of specialist nurse-led clinics so that these services are an integral part of the CMHTs' work
- Single approach to the delivery of the memory assessment service across the City
- More widely accessible service for all young people with dementia rather than the current service which is only accessed by a smaller proportion of young people with dementia
- Access to evidence based therapies for people with organic and/or functional mental health illnesses, for example, post diagnostic support groups and CBT for depression
- Establishment of Intensive Home Support Service as an alternative to inpatient admission where appropriate
- Admiral Nurses integration within CMHTs to coordinate support for both service users and carers
- Establishment of dementia support advisors within CMHTs with one post per locality.

9.3 The consultation document and response form are in the late stages of development as 'easy read' documents.

Preparatory and Pre-Engagement Work

9.4 As part of the preparatory and pre-engagement work, the Trust has considered the following key documents that are relevant to the NHS environment:

- Planning and delivering service changes for patients, NHS England, Dec. 2013
- Transforming participation in Health and Care – The NHS belongs to us all, NHS England, September 2013
- Consultation Principles (Cabinet Office)
- NHS Act 2006 (as amended by the Health and Social Care Act 2012)
- The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

9.5 The key aspects of pre-engagement activities that have been completed to date are:

- Engagement events with a variety of stakeholders including service users, carers, staff, voluntary sector and other partners;
- Consideration of the Later Life Service Redesign proposals by Later Life Consultants and the Trust's Clinical and Professional Leads at Transformation Programme Board which is a formal sub-committee of the Trust Board;
- Separate engagement conversations with Later Life staff and with Service Users and Carers via the Trust's Service User and Carer Forum;
- Ongoing dialogue and discussions with Commissioner representatives including Juliet Eadie, Dr Helen Martin and Dr Mike Capek;
- Sharing of proposals with Mental Health Clinical Board and Healthwatch.

Communications, Consultation and Engagement Process

9.6 The Trust will be ensuring that the public consultation is carried out as a meaningful exercise and that consultees will have a real opportunity to shape and influence the Later Life Redesign Proposals.

9.7 Within this plan, the key aspects that have been considered include:

- Sharing of proposals with the public, service users and other stakeholders, for example, GP practices, City Councillors, voluntary sector groups, with the opportunity to comment;
- Public meetings and events in each locality of the City;
- Offer to attend key groups who are likely to have a particular interest in the Later Life proposals such as Age UK, Alzheimer's Society, Manchester Carers Forum, Manchester Alliance for Community Care, Manchester MIND, Asian Carers Group, African and Caribbean Care Group for the Elderly and East Manchester Over Fifties Forum and the citizen groups[10] ;
- Making proposals available in 'easy read' format and both in hard copy format as well as on-line;
- Staff briefings;
- Media relations;
- A wide range of mechanisms to capture responses such as online response form, e-mail address and freepost.

Impact Assessments – Equality and Quality[11]

9.8 As part of considering the proposals, an initial equality impact and quality impact assessments has been undertaken. The key considerations as a result of undertaking these assessments are summarised below.

9.9 The Later Life Senior Leadership Team have identified the importance of ensuring that the Service continues to accept people under the age of 65 whose needs can be best met by Later Life services, for example, a person who has been diagnosed with early onset of dementia and is under the age of 65.

9.10 There is ongoing monitoring of the impact relating to the Board's decision to have 2 rather than 3 inpatient wards in terms of male bed provision as this is provided only in the South part of the City due to the Trust having to meet the guidance relating to same sex accommodation[12]. The Later Life service will continue to review the needs around transport due to the older nature of the client group through discussion with the Trust's Service User and Carer Forum as well as

[10] The four citizen groups are: a) The Learning Disability Partnership Board, b) The Physical Disability Partnership Board, c) The Visually Impaired Steering Group and d) The Deaf and Hard of Hearing Steering Group.

[11] An equality impact assessment (EIA) is a tool for identifying the potential impact of the Trust's policies, services and functions on our service users and staff. The quality impact assessment considers to what extent the changes may impact on quality with the focus on the following aspects: Patient Experience, Clinical Effectiveness and Patient Safety.

[12] Same Sex Accommodation as defined by the NHS means patients and service users share sleeping accommodation, bathroom and toilet facilities only with people of the same-sex. It applies to all areas of hospitals and mental health units.

considering any support that can be offered to minimise any potential issues on a case by case basis.

9.11 The Deputy Chief Nurse/Deputy Director of Quality Assurance has completed an initial assessment regarding the proposals from a quality perspective and has assessed that the proposals do not carry any significant risks to quality. There are several expected positive impacts for service users, staff and stakeholders.

9.12 Although no immediate impacts on quality have been identified, the Performance and Governance data in relation to Later Life Services will be monitored during and after the Redesign to identify any significant changes/themes in data returns that may suggest quality is being impacted upon. This is to include monitoring of the following:

- Increase in serious incidents or complaints
- Out of Area Admissions
- Service User and Staff Satisfaction
- Staff Sickness Levels
- Retention of staff.

10. Outline of Key Steps and High Level Timeline

10.1 Subject to the Trust Board's approval of the proposed changes for Later Life Service Redesign Proposals at its meeting on 27th August 2015 and discussions at the Health Scrutiny Committee meeting, the next key steps and high level timeline are summarised in the following table:

Presentation at Health Scrutiny Committee (HSC)	3rd September 2015
Undertake Public Consultation - 8 weeks	7th Sept. 2015 to 1st Nov. 2015
Analysis and digest of feedback - 2 weeks	2nd to 13th November 2015
Outcome Report and Final Decision making by Trust Board - Part 1	26th November 2015
Outcome Report – Feedback to Joint Clinical Commissioning Committee (JCCC)	27th November 2015 (subject to confirmation by JCCC)
Outcome Report - Feedback to HSC	17th December 2015
Undertake Staff Consultation	21st Dec. 2015 to 31st Jan. 2016 (assuming 6 weeks)
Analysis and digest of feedback - 2 weeks	1st February to 12th February 2016
Commence implementation of LL Redesign Proposals (subject to above activities relating to public consultation)	22nd February 2016 onwards

11. Summary

11.1 The proposed redesign of services will improve the Later Life Mental Health Services provided by the Trust and deliver more equitable services across the City. Consideration of clinical evidence, best practice, National Institute of Health and Care Excellence guidance and local developments including Living Longer, Living Better and Mental Health Improvement Programme have been taken into account in developing and shaping these proposals.

11.2 The proposed redesign will increase the number of clinical staff working in these services as well as creating new dementia support advisor roles. Even with these increases in staffing, the Later Life Leadership Team will be able to deliver the financial and efficiency savings as part of the Trust's savings plan for 2015/16. There are no staff redundancies as a result of this plan.

11.3 The Trust has received financial support from Manchester Clinical Commissioning Groups to manage bed usage which includes Later Life Services. To date, some of this money has been used to fund two social worker posts for the two Later Life inpatient wards. The post holders' roles are to focus on discharge planning, identifying move on placements, securing care packages for service users and reducing length of stay. Stakeholders will be able to consider the ideas for the remaining balance of funding that have been suggested to the Trust during its engagement events and to propose alternative ideas as part of the public consultation process.

11.4 The implementation of any Later Life Service redesign:-

- Will be subject to the outcome of the public consultation which will commence in the next week for an 8-week period;
- Can only commence after the undertaking of the staff consultation process which is planned for late December 2015.

12. Recommendations

12.1 The Committee is asked to:

- Note the contents of this report
- Consider, comment and support the proposed changes
- Note the Trust's approach to undertake a public consultation process and to provide any suggestions on the Trust's approach.

National and Local Policy – Documents (listed alphabetically)

The key documents (listed alphabetically) that have informed the Later Life Service Redesign proposals include:

- Care Act 2014 – (DoH, May 2014)
- Dementia NICE pathways – National Institute for Health and Care Excellence – updated 2015
- Depression in Adults: The treatment and management of depression in adults (NICE, 2009)
- Guidance for commissioners of older people's mental health services – Joint Commissioning Panel for Mental Health (2013);
- Living Longer, Living Better Strategy 2013;
- Living Longer, Living Better One Team – Place Based Care Specification – 2020 Design 2015
- Living well with Dementia : A national Dementia Strategy (DoH 2009)
- Manchester's Joint Health and Wellbeing Strategy, 2013
- Manchester's Joint Strategic Needs Assessment October 2013
- Manchester's Mental Health Improvement Health;
- Prime Ministers Challenge on Dementia (Department of Health (DoH) 2015)
- Psychosis and Schizophrenia in adults: treatment and management (NICE, 2014)
- Royal College of Doctors Standards for Inpatient Care (2009).

What difference would these service changes – Case Scenarios[13]?

Case Scenario 1: Mary who has Organic Mental Illness

Mary is a 79 year old lady who lives at home with her husband. Mary has been experiencing problems with her memory for some time and her family have noticed her becoming increasingly forgetful. She recently had an episode where she has left the house to go shopping and had been unable to find her way home on her own. Her husband is concerned and has contacted the GP who has referred Mary to the memory assessment service.

What happens now?

Mary would be assessed in one of the 3 memory assessment services across the City. Whilst each service has access to psychiatrists, nurses and other professionals and broadly does the same thing, each service operates in a different way. This influences who will undertake the memory assessment, how the assessment is co-ordinated, who provides the diagnosis and how long things take. If during the memory assessment, Mary turns out to have more complex needs, she may have to wait to be seen, for example by the psychiatrist, psychologist, or allied health professional and this is sometimes complicated and delayed by additional referrals needing to be made to other parts of the service.

After diagnosis, all people have access to dementia treatment with medicines where it is appropriate. However there is variation in the post diagnostic support, therapy and signposting available to Mary and her family may have to wait to receive these. All memory services liaise with Primary Care but it is envisaged this could be strengthened with more information sharing, education and where appropriate joint working to secure the best outcomes for service users and their families.

What would happen in the future?

Mary would be referred to her local Community Mental Health Team (CMHT) for her memory assessment where she would be triaged and additional information sought in order to determine the complexity of her case. Most people will be assessed within the CMHT by a nurse and a doctor and where necessary by other professionals within the team. If Mary's likely diagnosis was more complex she would be stepped up to a city wide team who have expertise around complex cases. Any ongoing support would be delivered within the CMHT.

During the assessment and diagnostic process, Mary would have access to dementia support advisors attached to the CMHT who would navigate and signpost Mary and her family to appropriate services. Post diagnostic treatment with medicines will be available as now and there will be ongoing therapy support available through a range of post diagnostic support groups co-ordinated through the Day Therapy Centre. Additional support for carers and families would be provided by the Admiral nurse attached to the CMHT. The delivery of the service will be supported by clear protocols and standard operating procedures to support the equitable delivery of services.

[13] These case scenarios are based on a combination of different aspects of referrals to the service.

Case Scenario 2: Peter who has Functional Mental Health Illness

Peter is an 82 year old gentleman who has been referred by his GP. Peter had lost his wife 12 months ago and has struggled to cope at home ever since. Peter has no family and has resisted all suggestions of support. He has complex physical health needs and is often in pain. In the last few months he has become more isolated and has noticeably been neglecting himself. On a recent visit to his GP confided that he had felt that life was no longer worth living and that he had thoughts of harming himself.

What happens now?

Peter would be referred to a CMHT and at the Multi-Disciplinary Team meeting it would be decided who would be the most appropriate professional (s) to assess him. Depending on the assessment and any identified risk(s) the Team would determine his treatment and support needs. Peter would be supported to remain at home with the support of the CMHT where at all possible with appropriate care plans in place to manage his needs and risks. He may be referred to the existing Day Services for support and monitoring. The Day Services are able to provide a level of more intensive support in order to avoid possible admission to hospital but this is not utilised as much as it could be and is currently limited to 9am to 5pm (Monday to Friday), as is the CMHT. Should Peter need support over and above this, there may be no alternative but to admit him to hospital.

What would happen in the future?

The referral route and premise of treating Peter as close to home as possible would remain and he would be managed within the CMHT where at all possible. Peter could if appropriate access therapeutic interventions offered by the Therapy Centre in relation to the management of his depression. The day service would remain an option for more intensive support and with the proposed development of extended hours and links to both the mental health crisis teams and the community integrated care teams could provide extended support to Peter and prevent admission where possible. Should Peter need admission this would still be available to him but this would be an option once other means of support had been considered. Services available to Peter would be supported by clear protocols.